FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	natior	n								-						
Name and Mailing Addres	s of R	Respondent														
Cross Telephone Company, LLC P.O. Box 9 Warner, OK 74469													Check here if this is a change of address.			
Year Report Filed			3. Reporting	Period (End	ling Date of P	av		4 Number	of Full Time F							
2017			Period Co 1/20/	overed by Re	port)	-,		 4. Number of Full-Time Employees during Selected Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections) 								
SECTION II - Full-Time Emp	loyee	s.						D. E. 10	or more (com	ipiete ali sec	uons)					
								Nun (Report emp	nber of Emplo loyees in only	yees one category	()					
Job Categories									Race/Ethnicity	/						***************************************
			anic or													
				Male						Female						
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N
		Α	В	С	D	E	F	G	н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1						1	1	1	1						4
First/Mid-Level Officials and Managers	1.2			4	1			1		2						8
Professionals	2							1		1						2
Technicians	3		1	7				1								9
Sales Workers	4									4				1		5
Administrative Support Workers	5							3	1	6			1	2		13
Craft Workers	6			9												9
Operatives	7			1				1								2
Laborers and Helpers	8						COA SECTION OF									0
Service Workers	9															0
TOTAL	10	0	1	21	1	0	1	8	2	14	0	0	1	3	0	52
PREVIOUS YEAR TOTAL	11	0	1	21	1	0	1	8	3	15	0	0	1	3	0	54

SECTION III - Part-Time Emp	loyee	š															
		Number of Employees (Report employees in only one category)															
Job								(Hoport only	Race/Ethnicity		y)						
Categories		Hispanic or Latino		Not-Hispanic or Latino													
				Male Female											Total Columns		
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		A	В	С	D	E	F	G	н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1															0	
First/Mid-Level Officials and Managers	1.2															0	
Professionals	2															0	
Technicians	3															0	
Sales Workers	4															0	
Administrative Support Workers	5									*						0	
Craft Workers	6															0	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9													Tal		0	
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PREVIOUS YEAR TOTAL	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
SECTION IV - Report of Disci	rimina	tion Compl	aints Pursua	nt to 47 CFF	R 22.321. 23.5	5. 90.168. 101	4 and 101	311	1200	100			L -		U	0	
This is to advise the company before a This is to advise the (Attach a list indiction).	he Con iny boo he Con	nmission that ly having co	at no complair empetent juriso at the following	its regarding diction in suc	violations of the matters during alleging viola	the equal empling the calendations of the pro-	oyment prov	visions of Fede	ort. Syment apport	unity statute	have been fil						
SECTION V - Certification							/	\		- 1			John Office				
Date Title of Person Signing			Name of Perso		ler T	T	Signature	Jan	-) ~		7-4		Telephone N	8-41	13-2°	121	
President					OF ANY STA	FALSE STATE	EMENTS MA SE OR CON	ADE ON THIS STRUCTION F	FORM ARE P PERMIT (47 U	UNISHABLE .S.C. 312 (A	BY FINE AN)(1) AND/OR	D/OR IMPRIS	ONMENT (1	8 U.S.C. 1001	I) AND/OR RE	VOCATION	